

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor: Fritz KIRCHHOFFER	
Application No.: Unknown	
Filed: Herewith	Group Art Unit: Unknown
Title: Safety Cannula	Examiner: Unknown

DECLARATION FOR UTILITY PATENT APPLICATION (37 C.F.R. § 1.63)

As a below named inventor, I hereby declare that my mailing address and citizenship are as stated below.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled:

Safety Cannula

the specification of which:

☐ is attached hereto OR

☐ was filed on as United States Application Number or PCT International Application Number and amended on (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information known to me that is material to patentability as defined in 37 C.F.R. 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
102 54 442.5	DE	11/21/2002	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
102 54 441.7	DE	11/21/2002	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

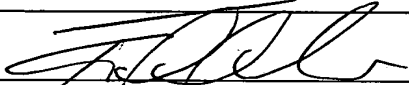
Application Number(s)	Filing Date (MM/DD/YYYY)				

PLEASE DIRECT ALL CORRESPONDENCE TO:

The address associated with **Customer Number: 25763**, currently:

Name	David E. Bruhn
Address	DORSEY & WHITNEY LLP Suite 1500 50 South Sixth Street Minneapolis, MN 55402-1498
Telephone	612-340-6317
Fax	612-340-8856

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon:

SOLE OR FIRST INVENTOR:	
Given Name (First and middle)	
Fritz	
Family Name or Surname	
KIRCHHOFFER	
Inventor's Signature	
Date:	28.10.05
Residence:	CH-3454 SUMISWALD Switzerland
Zip	City Country
Post Office Address	Wassermatt

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Examiner: Unknown

SUBMISSION UNDER 37 C.F.R. § 3.73(b)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

TecPharma Licensing AG, a Swiss corporation, is an owner of the patent application identified above by virtue of either:

1. ☒ An assignment from the inventor(s) of the patent application identified above, a copy of which is attached.

OR

2. ☐ A chain of title from the inventor(s), of the patent application identified above, to the current assignee as shown below:

a. From: To:
The document was recorded in the U.S. Patent and Trademark Office at Reel , Frame , or a copy of which is attached.

b. From: To:
The document was recorded in the U.S. Patent and Trademark Office at Reel , Frame , or a copy of which is attached.

The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of TecPharma Licensing AG.

Dated: October 27, 2003

Signature: Kathrin Wagner

Name: Kathrin Wagner

Title: Authorized Agent

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Title:	Safety Cannula	Examiner:	Unknown

POWER OF ATTORNEY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In the above-referenced patent application, on behalf of TecPharma Licensing AG, I hereby appoint the Dorsey & Whitney LLP attorneys and agents associated with **Customer Number 25763** to prosecute the patent application identified above and to transact all business in the Patent and Trademark Office connected therewith, including full power of association, substitution, and revocation.

Please address all telephone calls to: David E. Bruhn at (612) 340-6317.

Please address all correspondence to David E. Bruhn at the address corresponding to Customer Number **25763**, currently:

DORSEY & WHITNEY LLP
Intellectual Property Department
Suite 1500
50 South Sixth Street
Minneapolis, Minnesota 55402-1498

The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of **TecPharma Licensing AG**.

Dated: October 27, 2003

Signature: Kathrin Wagner
Name: Kathrin Wagner
Title: Authorized Agent